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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: CH/612810

Total Fee Calculation

Fee Code	Total Fee	Number Entered	X	Fee	Fee	Total
Basic Filing Fee	\$100.00					
Total Claims > 20	\$100.00	<u>44</u>	<u>11</u>	<u>24</u>	<u>8</u>	
Expedited Claims > 20	\$100.00					
Mail Exp. Claim Priority	\$100.00					
Surcharge	\$100.00					
English Translation	\$10.00					

TOTAL FEE CALCULATION

1876

Fees due upon filing of application:

Total Filing Fees Due = \$ 1876

Less Filing Fees Subsidized = \$ /

BALANCE DUE = \$ 1876

Mull
Office of Initial Patent Examiners

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Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	44 minus 20=	24
INDEPENDENT CLAIMS	11 minus 3 =	8
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			Minus	=
Total	* 73	Minus	** 44	= 28
Independent	* 14	Minus	*** 11	= 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY
TYPE

OTHER THAN
SMALL ENTITY
OR

RATE	FEES	RATE	FEES
	345.00	OR	690.00
X\$ 9=		OR	X\$18= 432
X39=		OR	X78= 624
+130=		OR	+260=
		OR	TOTAL 1144

SMALL ENTITY
OTHER THAN
SMALL ENTITY
OR

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=	252	OR	X\$18= 541
X39=	126	OR	X78= 522
+130=		OR	+260=
		OR	TOTAL ADDIT. FEE 378

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			Minus	=
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=
X39=		OR	X78=
+130=		OR	+260=
		OR	TOTAL ADDIT. FEE

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			Minus	=
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=
X39=		OR	X78=
+130=		OR	+260=
		OR	TOTAL ADDIT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.